

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp	CALIFORNIA FORM 461
			1/3
			For Official Use Only

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)

Allstate Insurance Company

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Northbrook IL 60062

RESPONSIBLE OFFICER

(If filer is other than an individual)

Robert Zeman

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☒ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Insurance

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 17500.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 17500.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 27800.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 45300.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/25/2018
DATE

By Robert Zeman
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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MAJOR DONOR COMMITTEE STATEMENT

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through <u>12/31/2017</u>	
2/3	

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NAME OF FILER

Allstate Insurance Company

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
07/25/2017	Jerry Hill for Assembly 2020 Sacramento CA 95814 ID: 1392524 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Jerry Hill State Assembly Person Assembly District NO: 13 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1500.00	Calendar Year \$ <u>1500.00</u> Other \$ _____
07/25/2017	Re-Elect Ken Cooley for Assembly 2018 Sacramento CA 95814 ID: 1393555 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Ken Cooley State Assembly Person Assembly District NO: 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1500.00	Calendar Year \$ <u>1500.00</u> Other \$ _____
08/02/2017	California Latino Caucus Leadership PAC Sacramento CA 95814 ID: 1321501 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		California Latino Caucus Leadership PAC NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2500.00	Calendar Year \$ <u>2500.00</u> Other \$ _____
08/30/2017	Tim Grayson for Assembly 2018 Sacramento CA 95814 ID: 1392593 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tim Grayson State Assembly Person Assembly District NO: 14 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	1500.00	Calendar Year \$ <u>1500.00</u> Other \$ _____
SUBTOTAL \$						

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12/14/2017	Newsom for California Governor 2018 Sacramento CA 95814 ID: 1375287 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Gavin Newsom Governor Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	10000.00	Calendar Year \$ <u>10000.00</u> Other \$ _____
12/27/2017	Taxpayers for Gaines for BOE 2018 Sacramento CA 95814 ID: 1378006 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Edward 'Ted' Gaines Board of Equalization Member Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	500.00	Calendar Year \$ <u>500.00</u> Other \$ _____

SUBTOTAL \$ 17500.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660